

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit:: 1623

CD-ROM or CD-R?:: No

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: No

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: High-Energy Cyclodextrin Complexes

Attorney Docket Number:: 016914-039

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 4

Total Drawing Sheets:: 5

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Iceland
Status:: Full Capacity
Given Name:: Thorsteinn
Middle Name::
Family Name:: LOFTSSON
Name Suffix::
City of Residence:: Reykjavik
State or Province of Residence::
Country of Residence:: Iceland
Street of Mailing Address:: Sorlaskjol 44
City of Mailing Address:: Reykjavik
State or Province of Mailing Address::
Country of Mailing Address:: Iceland
Postal or Zip Code of Mailing
Address:: IS-107

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Iceland
Status:: Full Capacity
Given Name:: Mar
Middle Name::
Family Name:: MASSON
Name Suffix::
City of Residence:: Reykjavik
State or Province of Residence::
Country of Residence:: Iceland

Street of Mailing Address:: Fjolnirvegur 1
City of Mailing Address:: Reykjavik
State or Province of Mailing Address::
Country of Mailing Address:: Iceland
Postal or Zip Code of Mailing
Address:: IS-101

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Iceland
Status:: Full Capacity
Given Name:: Einar
Middle Name::
Family Name:: STEFANSSON
Name Suffix::
City of Residence:: Reykjavik
State or Province of Residence::
Country of Residence:: Iceland
Street of Mailing Address:: Fjardarás 13
City of Mailing Address:: Reykjavik
State or Province of Mailing Address::
Country of Mailing Address:: Iceland
Postal or Zip Code of Mailing
Address:: IS-110

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/250,185	02/16/99
09/250,185	Non-provisional of	60/075,544	02/23/98

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::